Page 129

A. If he came in and said, I have a severe headache, no.
Q. Okay. And how would he be properly triaged under ANMC's policy?
A. He would have been a three or a two. If he said he had a severe headache, I think he would have been a two.
Q. Okay. Well, let me just ask you: If a patient says they have got ten out of ten pain, ears and head are hurting, up all night, would that indicate to you that that was a severe -- severe pain?
A. Could be. It could be not.
Q. Okay. Do you -- have you developed any sort of theory about why it is that that very same day, on April 19, the wife would be reporting to an ER physician, who actually documents it in the patient's medical record, that he had had a severe headache that morning?
A. No. But I do wonder why, if she thought that -- I -- I don't know if I should say this, but I guess that I wonder why she wouldn't have interjected anything into his emergency room visit at ANMC in the morning.
Q. Okay. Well, let me ask you that: In

Page 130

your -- in your practice as an emergency room provider, do you usually actually give the emergency visit record to the patient and his family for them to review before they leave?
A. No.
Q. Okay. So you're wondering why Mrs. Allen didn't volunteer certain information. Is that correct?
A. That's right.
Q. Well, what if she had been in -- just bear with me for a moment. What if she had been in the room with her husband and she heard him describe that he had had a severe headache? Would she need to interject and tell the medical provider that he had a severe headache, if he had told the provider that he had a severe headache?
A. No.
Q. Have you developed any opinions or theories as to why, later that day at Providence, there's a history given that the patient had a severe headache that morning, and yet that's not in the ANMC record that morning?
A. No. That's very hard to reconcile, because there's two totally different sets of information.
(Exhibit 8 marked.)

Page 131

BY MS. McCREADY:
Q. Okay. I'm going to ask you about -- this is Exhibit 8. This is Dr. Lee's record. And it's Bates stamped Allen (Providence) 21, 22 and 23.
MR. GUARINO: Do you have an extra copy of that one?
MS. McCREADY: I'm sorry. Yes, I do.
Q. Did you note that Dr. Lee had obtained a -- a history from both Dr. Deitz, the emergency room physician, and -- and also the patient's wife, Kim Allen?
A. Uh-huh. Yes.
Q. Okay. And had you noted, when you were reviewing this case, that Dr. Lee had documented that, according to the patient's wife, he had been complaining of a headache in his right jaw area radiating to the back of his head and then up to the top of his head along the back side of his head?
A. Yes, I saw that.
Q. Did that have any significance to you in terms of the description of the location of the headache?
A. No.
Q. Okay. Would that be consistent with a patient who's presenting with a subarachnoid

Page 132

hemorrhage?
A. It could be. It could be -- some of it could be related to his TMJ also.
Q. Sure. I understand that. But is it also consistent with a patient who has got a subarachnoid hemorrhage?
A. Could be.
Q. Okay. And again, as a provider, you would want to get -- take a careful history to determine whether or not the patient's pain was related to the TMJ or related to something else. Is that correct?
A. Yes.
Q. So as you sit here right now, you don't know whether or not you think it was an appropriate triage decision on the part of Patricia Ambrose to triage this patient as an acuity level four and put him over to the UCC side. Is that correct?
A. Based on what I see in the chart, I think that that was a -- an appropriate decision.
Q. How about her testimony about what information she had gotten from the wife: That "She told me he took all his drugs, that he had taken all his pills and he still had pain"?
A. Then that makes you wonder if he should have been another higher acuity level.

Page 133

Q. All right. And do you have an understanding about whether or not, if patients get a higher acuity level at ANMC, they see a mid-level practitioner versus an ER physician?

A. I believe if they're a one or a two, they see a physician, for sure. If they're a three, depending on how busy it is, they could see either a physician or a mid-level. If they're a four or five, they see a mid-level.

Q. Sure. And had you looked at the logs of, you know, what -- which patients saw which providers the morning of April 19th?

A. No.

Q. Okay. Is the -- since you're giving opinions about -- I assume you're giving an opinion about the standard of care of the nurse practitioner in this case. Is that correct?

A. Yes.

Q. Are nurse practitioners held to the same standard of care as emergency room physicians?

A. Yes.

Q. Do nurse practitioners working in the emergency department generally have the same training and experience as emergency room physicians?

Page 134

A. I'm not sure about that.

Q. Okay. Going to that -- again, we're on the last paragraph your report. And in the middle of that, one of the things that you note that was significant to you, it says: "Of significance in this case is that his neck was supple," that is, Todd Allen's neck was supple. And why is that significant to you?

A. Because anytime that you have a person with a neck stiffness, then you have to think: You know, do they have a bleed, do they have meningitis, do they have encephalitis?

Q. What if a majority of patients that have a subarachnoid bleed, who present within the first 24 hours of their bleed, have -- don't have neck stiffness?

A. What if?

Q. Yeah. I mean -- I mean, is -- how significant -- I mean, I guess I'm trying to get at: How significant is that fact to you in rendering the -- the opinion that you have rendered in this case?

MR. GUARINO: Which -- which fact?

MS. McCREADY: That -- that his neck was supple.

Page 135

MR. GUARINO: Oh, okay.

THE WITNESS: I think that you have to look at more than just was his neck supple. Okay?

BY MS. McCREADY:

Q. Sure.

A. I mean, there's more than that. That's just one piece of it to me that -- that I looked at, but you have to look at more than that.

Q. Sure.

A. You know, how did the patient look to you? Did the patient -- like you do a lot of things by: How does the patient look? Does the patient look sick to you? Is the patient -- you know, if he said to me, I have blurry vision, you know, a severe headache, then I would think about a subarachnoid bleed. But I think I'm digress- -- digressing from your question.

Q. No, that's okay. I wanted to know how significant it was to you that in rendering the opinion that you're rendering in this case, that Nurse Fearey's exam that morning didn't follow the standard of care. Her care of this patient didn't follow the standard of care. And I think you have -- let me see if I understand -- that that's just one factor, that the fact that his neck was

Page 136

supple is just one factor that you looked at.

A. Right.

Q. Is that correct?

A. Right.

Q. Okay. So you're not -- it's not your belief, as you sit here, that, you know, whether or not a patient's neck is stiff or supple is sort of, you know, the defining factor in terms of whether or not they have a subarachnoid bleed?

A. That's correct.

Q. Okay.

A. You would look at: Do they have other neurologic deficits?

Q. Okay. And you -- going to page two of your report. And did he have other neurological deficits? I'm sorry.

A. He's alert, so his level of consciousness apparently is not impaired. It's difficult to say, because there's not a lot of documentation.

Q. Okay. And did you get more information about how neurologically intact this patient was from Donna Fearey's deposition?

A. I don't think so.

Q. Did you get any more information about how neurologically intact he was when you spoke with her

Page 169

A. Yeah. He doesn't -- he doesn't need to come in to get pain medication, so what's the real reason that he's coming in?

Q. Okay. So my question is: Does it have any significance --

A. Yes.

Q. -- to you at all? Okay. Did you -- were there any other visits that you noted of Todd Allen to ANMC or anywhere else that kind of were significant to you in terms of rendering your opinion in this case that Donna Fearey's care met the standard of care?

A. No, I don't think so. I think these were the main ones.

Q. All right. And "main ones" meaning these are the ones that had some significance to you. Is that right?

A. Right.

Q. All right. And I think we talked about this, but you said, "History of the 4/19/03 urgent care visit could have been more detailed."

Is there anything else that you wanted to include in there, aside from what we talked about?

A. No.

Q. And "aside from what we talked about"

Page 170

meaning there could have been a neurological exam. Is that correct?

A. Yes.

Q. And there could have been a more detailed history. Is that correct?

A. Yes.

Q. Anything about the physical exam that you would have liked to have seen more detail on?

A. Maybe an abdominal exam.

Q. Because of the patient reporting nausea and vomiting?

A. Yes.

Q. Okay. And it says, "In retrospect it would have helped to know if he had a headache or if" his "ears/head pain documented by the triage RN was referring to the ear/jaw pain documented by Donna Fearey." And we don't really know that, do we?

A. No, we don't.

Q. Okay.

A. And I guess that was the main reason I called Donna, was to find out, you know, if she had any recall about the head pain, the head hurting versus, you know, what he told her.

Q. All right. And then you also note that the "Timing of onset, intensity, and if different from

Page 171

usual head/ear/jaw pain would have been helpful to know."

And in fact, we don't know that from her note. Is that correct?

A. That's correct.

Q. And we don't know that from her deposition testimony. Is that correct?

A. That's correct.

Q. And "Based on the complaint of nausea further history regarding nausea and vomiting would have been helpful to obtain as was as doing an abdominal exam." And I think we talked about that. You would want to know about the nausea and vomiting to want to know -- first, it might help you figure out what's going on with the patient. Is that correct?

A. Yes.

Q. And would you also want to know it in relation to what was going on in terms of whether or not he was actually able to keep his pain medication onboard?

A. Yes.

Q. And "onboard" meaning, you know, in his body.

A. Yes.

Page 172

Q. Is that correct?

I'm just looking at this and taking a moment, because I -- I don't want to get over old ground.

You said, "Based on the history and findings documented, I do not think a neurological examination was indicated - but again, in hindsight, it may have helped to more clearly rule out or pick up significant pathology."

We have talked a little bit about that. Is there anything else that you wanted to note about why you didn't think a neurological examination was indicated?

A. No. I think we have talked about it.

Q. Okay. And you didn't think a neurological examination was indicated because?

A. He was complaining of ear and jaw pain, according to what Donna Fearey wrote, and he was looking to see if his ear was infected.

Q. Okay. And in those circumstances, in an emergency room setting, you wouldn't need to do a neurological exam?

A. You know, I would look at the whole picture: Where his vital signs okay, was he alert, was he in distress, all the things that we have already talked about.